

CFBHP&P Committee
Information Prepared
For the
January 12, 2006 Meeting

The following information is a compilation of the funding recommendations for the 2006 General Assembly and related ideas/notes for the committee to consider for future planning. These items are taken from the flip charts from the February and March 2005 meetings.

Decisions about priority recommendations to the 2006 Legislature

The process: committee prioritized and voted on the recommendations with each member having three votes. Additional items that were added: Medicaid coverage of substance abuse services and additional funding for local CSB/Detention Center collaborations similar to the JAIBG sites. The following 7 items got 9 or more votes:

1. Family/parent coalition
2. 211 access
3. Increase the number of DJJ pilots
4. MST or FFT service demonstration pilots. Focus the pilots on the implementation of multi-systemic therapy (MST) and functional family therapy (FFT) under the “umbrella” of the local system of care. (Consistent with the VACSB budget initiative that included a funding request for six demonstration projects across the state to target JJ involved youth and MH/MR/SA youth)
5. Pilots demonstrating collaboration between CSBs and schools, with mental health services being provided in schools.
6. Two training positions for child psychiatrists/psychologists with payback provisions in underserved areas of the state.
7. Regional training sessions for direct service providers, focus on EBPs

The following three funding recommendations for 2006:

1. Parent/Family Coalition/211 telephone access;
2. Training of child psychiatrists/psychologists with payback provisions in underserved areas of the state; and
3. Service demonstration pilots implementing an “umbrella” system of care, with a focus on MST or FFT as evidence-based practices.

Strategies and recommendations for the 2006-2008 legislative biennium gathered from flip charts:

Consider a three-pronged approach of training, access, and capacity with funding overarching the three areas, could provide a mechanism for identifying gaps in services.

- Do the recommendations of the Child and Adolescent Special Populations Workgroup, the Custody Relinquishment Workgroup, and the Child & Behavioral Health Policy & Planning Committee deal with the language delineated in the legislation (Item 330F)?
- Consider how the committee consolidates the various recommendations.
- Establish specific budget priorities and build the policy issues around the budget priorities.
- Emphasize goals, objectives, and strategies to support the recommendations.
- Reframe the discussion about what Virginia is doing for children.

- Point out what other states are doing, for example, New Mexico pools funding for children's services and funds follow the child. Additionally, what strategies should the committee consider related to this issue and what about timing for the strategies and what will be the cost to implement them?
- Stress the importance of funding for training to build capacity and ensuring a strong infrastructure.
- Integrate the recommendations from the perspective of the child and family and not from a bureaucratic perspective and the needs of children and families will shift the system toward an integrated system.

Overarching themes:

1. System of Care
2. Information about where to access services
3. Integrating all children's behavioral health services including health care services as well.
4. Explore the role of behavioral health services in the schools.
5. Capacity
 - a. Training – specialists, pediatricians, and family practitioners. Reference to this issue is contained in the Custody Relinquishment Report for funds for CSBs and schools for joint effort around school behavioral health services and funding for pilots for eventual statewide replication.
 - b. Training – EPSDT
 - c. Appropriation for funding for SA services for children
 - d. Funding for a statewide family coalition.
 - e. Funding for evaluation and data collection
 - f. Funding for the OCFS
 - g. Funding for expansion of pilot sites for JJ and co-occurring disorders
 - h. Resource Centers of Excellence with criteria and funds for localities to mentor other localities
 - i. System of Care and case management
6. Access – rural areas and access related to training to build capacity

Structural Recommendations:

1. Review membership on the committee
2. Review the budget language to include other agencies such as DOE, DVH, insurance, DSS, private providers.
3. Consider if the role of the Statewide Family Coalition and the Family Advisory Committee in collaboration with OCFS include not only disseminating information but overseeing program implementation, i.e. funding issues related to an under funded system (\$40 million) and the importance of prioritizing budgetary needs.
4. Review start-up costs and incentives for CSBs to build capacity to accomplish the policy goals of integrated services across disabilities, etc

Tensions:

1. Defining the system – behavioral health, health, and the larger system of children's services
2. Large vs. small
3. Timing for this report, political and budgetary cycle vs. urgency of the issues.

What are the goals for this committee over a three-year span?

1. Information
2. Behavioral Health and Health services
3. Keeping children in school
4. Family Support
5. Enhancing state/local partnerships
6. Greater priority for children's services
7. Products:
 - a. Resource Directory for families to get information they need
 - b. Children's budget
 - c. **Cabinet level position – tabled.**

Recommendation specifically related to the Juvenile Justice workgroup:

Rework report recommendations 2, 3, and 4 to specifically request continuation and possible expansion of the pilots in five juvenile detention centers to cover substance abuse and services broader than the word "psychiatric" implies.

2. Given the success of the pilot program providing mental health services to adolescents in five juvenile detention centers throughout the Commonwealth (reducing hospitalizations, reducing use of room confinement as behavior management tool, reducing use of isolation cells for observation of suicidal residents, and providing needed mental health services to high at-risk population):
 - a. Ensure that a position in the Office of Child and Family Services at DMHMRSAS remains funded, with at least fifty percent of time dedicated to this project.
 - b. Mandate completion of evaluation of the pilot program and establish programmatic standards.
 - c. Expand the program to cover all twenty-four juvenile detention centers throughout the Commonwealth.
3. Support funding recommendations needed to ensure compliance with standards established by DMHMRSAS, DJJ, DOE, and other agencies responsible pursuant to HB 2245 and SB 843, passed by the 2005 General Assembly, requiring coordination and delivery of mental health/substance abuse services to juveniles transitioning from Juvenile Correctional Centers or post-dispositional detention programs.
4. Recommend that the Commissioner for DMHMRSAS, Director of DJJ, and Director of DOE conduct a feasibility study for establishing psychiatric treatment programs in existing secure detention facilities

For 2006 biennium:

1. Follow up – what we received and didn't receive
2. Follow through – what we got and what happened.

Issues:

1. Link primary care with behavioral health care – Medical home
2. Autism spectrum disorders
3. Youth substance abuse
4. MR
5. Collaboration with CSA
6. Prevention – Substance abuse, child/adolescent
Early Childhood – link with VDH
Evidence based practices as the theme!
7. Mental health in schools
8. Co-location
9. Co-occurring disorders
MH/MR/SA
10. Transition Services
11. Youth Involvement – advisory group
Internal vs. external?
Youth satisfaction
12. Sexual offenders (MR)
13. Kids sent out of state/funding
High dollar kids Collaborative project with CSA
14. Support for siblings/those left behind and reintegration

Overarching themes:

- Use of funding and other resources
 - Private insurance - partnering
1. Linkages
 2. EB Practices
 3. Refocusing funding
 4. Process